



For Ecology Use  
(Date Stamp)



**Water Resources Program**  
**Request for Determination of Water Budget Neutrality**

☐ SURFACE WATER      ☒ GROUND WATER

Please ensure that the form is completely filled out.

Incomplete forms will lead to longer processing times, and may be rejected.

**Section 1. APPLICANT**

Applicant/Business Name: Archie Beddingfield	Phone No: 425-432-2165	Other No: 206-226-1417
Address: 27445 SE 224 <sup>th</sup> St.		
City: Maple Valley	State: WA	Zip: 98038
Email Address (optional): abhorseshoeing@comcast.net		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: To provide water from a new well for use at the cabin on our lot.

Anticipated length of time to complete your project: Unknown – 7 to 10 years.

Is this for an existing use, established prior to July 16, 2009? Yes ☒ No

If yes, when was the water first regularly and beneficially used? \_\_\_\_\_

For Ecology Use	APPLICATION NO: <u>64-35656</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>6</u> Check No: <u>8</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____ By _____ Priority Date <u>11-13-2013</u> By <u>[Signature]</u> WRIA: <u>39 Kitt</u>		



**Water Use:** List all proposed uses and the quantity required for each. (For example: domestic, group domestic, lawn or commercial garden, municipal water supply, stock watering or industrial.)

Domestic and Irrigation

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Total Water Use* in Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Domestic	TBD	0.20/ 0.06 (CU)	Continuously
Irrigation	TBD	0.022/ 0.019 (CU)	Seasonal
<b>TOTAL:</b>		<b>0.222/ 0.079 (CU)</b>	

39  
Kitt

\*Total water use is the total quantity of water required for each use. (1 acre-foot = 325,851 gallons). For example calculations, located at:

<http://www.ecy.wa.gov/programs/wr/cro/wtrxchn.html>

### Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Existing well diameter & depth: _____ If available, attach Water Well Report and pump test. Well Tag ID No. _____ Number of proposed points of withdrawal: _____

### C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
390834	SW	SW	24	20	14	Kittitas
Lot(s)	Block(s)		Subdivision			



If available, GPS (Global Positioning System) device location:

Latitude: \_\_\_\_\_ N Longitude: \_\_\_\_\_ W

Datum and units (for example NAD83 and decimal degrees, etc): \_\_\_\_\_ (required for all GPS locations)

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_\_) corner of Section \_\_\_\_\_.

*NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).*

**Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request.**

#### Section 4. WATER SYSTEM INFORMATION

Complete A or B, C, D, E and F below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: 1 _____	Present population to be served water: _____
Type of connections: <u>Recreational cabin</u> (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
_____	
_____	
_____	
_____	
_____	
_____	



**D.) On-Site Septic**

Will there be an on-site septic system? ☒ YES ☐ NO

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field.

**E.) Sanitary Sewer System**

Will domestic wastewater be discharged to a sanitary sewer system? ☐ YES ☒ NO

If yes, please provide a copy of the sewer utility agreement that serves the proposed project.

**F.) Irrigation**

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ Acres or 500 square feet

NOTE: Outline the area to be irrigated on your attached map. (1 acre = 43,560 square feet)

**Section 5. MITIGATION**

To request a determination of Water Budget Neutrality under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must:

- Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker.
- Have a priority date earlier than May 10, 1905.
- Be eligible to be used for instream flow protection and mitigation of out-of-priority uses.

**A) Existing Trust Water Right**

Please identify existing trust water right(s) for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
S4-01746CTCLsb10(b)	0.015	3.12	June 30, 1881
TOTAL:		3.12	

**B) Proposed Trust Water Right Application**

Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
TOTAL:			



**C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation**

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater: 0.222 (0.079 CU)  
AFY

Note: You may wish to refer to the online water use calculator for example consumptive use calculations:  
<http://www.ecy.wa.gov/programs/wr/cro/wtrxchg.html>

Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

**Section 6. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

CD #5919-3; SEC.24; TWP.20; RGE.14; PTN. SW 1/4 SW 1/4

1/4	1/4	Section	Twp.	Range	County	Parcel No.
SW	SW	24	20	14	Kittitas	390834

**Section 7. REQUIRED SIGNATURES**

**I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsibility for the accuracy of the information provided.**

Archie Beddingfield

Print Name

(Applicant or authorized representative)

Archie Beddingfield

Signature

11-11-13

Date

\_\_\_\_\_  
Print Name

(Land Owner, if seeking to use the ground water exemption)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit this form to:**

DEPARTMENT OF ECOLOGY  
WATER RESOURCES PROGRAM  
CENTRAL REGIONAL OFFICE  
15 W. YAKIMA AVE, SUITE 200  
YAKIMA, WA 98902-3452